



Sacramento

April 19, 2006

Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

The California Medical Association hosted the Sacramento Community Meeting and that may explain the prominence of one theme throughout the meeting: the importance of a strong, reciprocal patient/provider relationship. This manifested itself in several ways: the need for self-directed health care with the patient taking an active role, the importance of paying physicians and other providers enough so that health care remains competitive with other aspects of the Nation's economy and keeping medical decisions between providers and patients.

In this shorter meeting, views expressed were similar to those heard at other meetings with one exception: a majority of attendees (57 percent) believed that everyone should pay the same for basic insurance coverage. As at other meetings, some attendees struggled with how questions were framed. In terms of recommending change, support was strongest for a single, national health insurance program financed by taxpayers. The Veterans' Administration and Kaiser Permanente were offered as successful models for providing services.



**Citizens' Health Care Working Group
Community Meetings**

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico



Sacramento, CA
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Salt Lake City, Utah

SESSION FINDINGS

Values

Health care should be a national priority.

Virtually everyone attending the Sacramento meeting believed that the U.S. health care system was in a state of crisis (69 percent) or had major problems (30 percent). A solid majority of attendees believed that the major reason for having health insurance is to protect against high medical costs. Important values identified by the group for the American health care system included: accessibility, affordability and comprehensiveness; an emphasis on prevention, including rewards for healthy behavior; fairness; self-direction and individual accountability; universal participation of all providers; cultural competence; removal of profits from the system; and, health care as a fundamental right.

Ninety-eight percent of attendees believed that it should be public policy that all Americans have affordable coverage.

Benefits

Providing a defined level of services for all is more equitable and would mean that insurance coverage would not be an issue in changing jobs.

Ninety-one percent of attendees believed that providing a defined level of services for everyone was preferable to providing coverage based on categorical eligibility. Attendees found it fairer for both employers and individuals. One person noted that it was the option consistent with the idea that health care is a basic right; another that it was the best model from a business perspective because it better provided for spreading risk. Several people took issue with the question, noting their belief that it was rooted in a "scarcity model." These attendees expressed the view that the current system with its multiple insurance carriers contained "an enormous amount" of waste which would not exist in a single-payer system.

In determining who should be involved in deciding the content of a basic benefits package, attendees believed consumers should play the largest role, followed closely by medical professionals, and then, with somewhat less support, the Federal government and state and local government. One person argued that doctors were in the best position to know what was "efficacious" while others argued for the involvement of mid-level professionals.

Getting Health Care

This system should be run by us: pharmaceutical companies have us by the throat.

Attendees expressed a variety of problems in getting health care. Some of these were associated with insurance coverage: the need for health insurance in order to get care easily, being denied access to needed drugs and services not covered by plans, low reimbursement rates which cause doctors not to participate in plans, limited choice of

plans, pre-existing conditions, the need for education about one's benefits, in particular preventive health benefits and "loopholes that allow insurers not to cover things." Other difficulties of a more general nature included continuity of care, scarcity of providers in rural areas, access to specialists and mental health services, differences in quality, access to alternative health care and hours of operation.

Much of what participants said was important in getting health care focused on the relationship between the patient and health care provider citing: making that relationship a real partnership, being able to choose one's provider and the provider's skill and expertise. In addition, there was a strong emphasis on access. One person noted he liked belonging to Kaiser Permanente because "everything is under one roof." Having services available locally was also important, as was cultural sensitivity. Finally, attendees emphasized prevention and early detection.

Financing

Too often health care is treated as a commodity.

Many politicians are more interested in taking care of insurance companies than taking care of us.

We all have opportunities to take responsibility. Making healthy choices is our responsibility to the extent we are able.

We've encumbered our system with the disgrace of being poor. We need to reach out to those living in poverty. We shouldn't be rubbing a person's nose in his economic dilemma.

Over 80 percent of attendees believed that everyone should be required to enroll in basic health coverage, although, as one person noted, they would not be required to use it. Although one person noted that dollars stretched further in less expensive parts of the country, such as Alabama, a majority (57 percent) believed that all persons should pay the same for basic coverage.

Attendees believed there were many steps that could be taken to slow the growth of health care costs. Some focused on the individual, such as incentives and disincentives for personal behavior, balancing patient expectations against standard practices, based on evidence, and incentives for individuals to use the system more wisely. Others were addressed to the health care delivery system, such as encouraging hospice care at the end of life, limiting excessive costs of emergency care, buying medications in bulk, limiting the introduction of new technology and drugs until proven cost-beneficial and using certificate of need to limit hospital construction. Some proposals were directed at tighter regulation of the current system, including government cost controls on services and supplies and banning direct to consumer drug advertising. Others addressed major system change such as the elimination of insurance companies and adoption of a single payer system. Other proposals extended beyond the realm of health care, such as doubling the tax on alcohol, extending advertising bans to all unhealthy products, fining corporations who foster unhealthy lifestyles or environmentally unsound products and practices and paying more attention to public planning at the community level.

Tradeoffs and Options

We need a way of collecting data, knowing what's going on in the system so there is a system for watching the system.

I'd like to see an open, honest debate in Congress—not like Medicare Part D which was not openly debated.

The three most important proposals for expanding access to affordable coverage and health care were creating a national health plan financed by taxpayers through which all Americans would receive coverage, expanding neighborhood health clinics and opening up enrollment in Federal programs such as Medicare and the Federal Employees Health Benefits Program.

When asked what they would highlight, attendees had many recommendations:

- “Focus on the delivery system, not financing.”
- “Remember that ‘single payer’ does not imply a single delivery system. We have strong views about providers being able to practice.”
- “We haven’t talked about malpractice. We need to diminish access to suits in order to control costs and limit defensive medicine.”

METHODOLOGY

Participants at the meeting sat at tables of eight people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys of the full group, and interactions at the table and full group levels. Key points raised to the full group were displayed on a screen. Participants answered questions using key pads and results were displayed as received. Findings from these instant polls formed the basis for full group discussion. This meeting was two and a half hours in length, shorter than most Working Group Community Meetings. Thus, less material was covered than at most meetings. Complete polling data from this meeting is available at www.citizenshealthcare.gov.

PARTICIPATION

The Citizens’ Health Care Working Group Community Meeting was held Wednesday, April 19, 2006 from 6:00 to 8:30 p.m. at The Grand in Sacramento with close to 150 in attendance. Therese Hughes represented the Working Group at the meeting. The meeting was hosted by the California Medical Association which represents 35,000 California physicians. The Association’s President, Dr. Michael J. Sexton, welcomed attendees. Other local hosts included the Sacramento Chamber of Commerce and the Inter-Tribal Council of California. Staff from the offices of Congressman Daniel Lungren and Congresswoman Doris Matsui attended.

The audience attending the Sacramento meeting had many of the characteristics of the audiences of other community meetings: the typical attendee was female (63 percent); between the ages of 45 and 64 (47 percent) and well-educated (26 percent with a bachelor’s degree, 38 percent with a graduate or professional degree). A larger proportion of attendees (20 percent) than at most meetings had “some college”. Sixty-seven percent had employer-sponsored insurance; twelve percent were on Medicare; and 10 percent were uninsured. Sixty-four percent were either employed working full time or self-employed; 23 percent listed “Other” as their employment status.

DATA

Percent A

Are you male or female?

36.80%	1	Male
63.20%	2	Female

Percent B

How old are you?

6.00%	1	Under 25
28.40%	2	25 to 44
47.00%	3	45 to 64
18.70%	4	Over 65

Percent C

Are you Hispanic or Latino?

11.90%	1	Yes
82.20%	2	No
5.90%	3	No Response

Percent D

Which of these groups best represents your race?

72.90%	1	White
4.50%	2	Black or African American
3.80%	3	Asian
1.50%	4	Native Hawaiian or Pacific Islander
3.00%	5	American Indian or Alaska Native
7.50%	6	Other
6.80%	7	Decline to answer

Percent E

What is the highest grade or year of school you completed?

0.00%	1	Elementary (grades 1 to 8)
0.00%	2	Some high school
5.80%	3	High school graduate or GED
20.40%	4	Some college
10.20%	5	Associate Degree
25.50%	6	Bachelor's Degree
38.00%	7	Graduate or professional degree
0.00%	8	Decline to answer

Percent F

What is your primary source of health care coverage?

67.20%	1	Employer-based insurance
5.80%	2	Self-purchased insurance
0.00%	3	Veterans'
11.70%	4	Medicare
0.00%	5	Medicaid
5.80%	6	Other
9.50%	7	None
0.00%	8	Not sure

Percent G

What is your employment status?

10.30%	1	Self-employed
53.70%	2	Employed - working full time
9.60%	3	Employed - working part-time
3.70%	4	Not employed / currently looking for work
0.00%	5	Homemaker
22.80%	6	Other

Percent H

Which one of these statements do you think best describes the U.S. health care system today?

68.60%	1	It is in a state of crisis
30.00%	2	It has major problems
1.40%	3	It has minor problems
0.00%	4	It does not have any problems
0.00%	5	No opinion

Percent I

Which one of the following do you think is the MOST important reason to have health insurance?

35.60%	1	To pay for everyday medical expenses
62.20%	2	To protect against high medical costs
2.20%	3	No opinion

Percent K

Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]

97.60%	1	Yes
2.40%	2	No

Percent L

Which of the following statements most accurately represents your views?

9.00%	1	Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
91.00%	2	Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

Rank N

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

3rd	3.836	Federal government
4th	3.825	State and/or local government
2nd	6.38	Medical professionals
6th	2.524	Insurance companies
5th	2.94	Employers
1st	7.405	Consumers

Percent O
What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

- 1 Access to specialist care when needed
- 2 Access to mental health services
- 3 Lack of access to particular drugs or services (not covered)
- 4 Physician not getting reimbursed enough from insurance company
- 5 Lack of continuity of care
- 6 No insurance
- 7 Scarcity of health care resources in certain geographical areas (esp. rural)
- 8 Limited choices in plans
- 9 Access to alternative care (eg. homeopathy)
- 10 Affordability (e.g. providers & prescriptions)
- 11 Disparities in quality
- 12 Pre-existing conditions
- 13 Lack of basic education & outreach re: preventive care
- 14 Not enough evening-time appointments
- 15 Insurance companies refusing payment / looking for loopholes
- 16 Errors not being admitted willingly (e.g. pharmaceutical products)

Percent P
In getting health care, what is most important to you?

- 1 Keeping decision between medical provider and patient
- 2 Being able to choose own provider
- 3 Timely, affordable access when needed
- 4 Emphasize preventive and early detection
- 5 Make payment to physicians & hospitals neutral (so it doesn't cause too little or too much care)
- 6 Partnership between patient & provider
- 7 Everything provided under one roof
- 8 Social and cultural sensitivity of medical care providers
- 9 Skill and expertise of provider
- 10 Having adequate medical technology
- 11 More time for providers to spend with patients to diagnose proper condition (as opposed to 'throwing pills at the problem')
- 12 Affordability (including prescription drugs)
- 13 Timely and local access

Percent Q
Should everyone be required to enroll in basic health care coverage - either private or public?

- 81.20% 1 Yes
- 18.80% 2 No

Percent R
Should some people be responsible for paying more than others?

- 43.00% 1 Yes
- 57.00% 2 No

Rank	V-x	Which of these steps is the most important to take in order to slow the growth of health care costs in America?
--	V-1	Increase access to preventive care
--	V-2	Eliminate health insurance companies from the system
--	V-3	Cover everyone (reduce chronic costs)
--	V-4	Limit excessive costs of emergent care
--	V-5	Wellness incentives & penalties / disincentives for those who maintain an unhealthy lifestyle
--	V-6	Impose gov't. cost controls on services and supplies
--	V-7	Prohibit direct-to-consumer advertising by pharmaceuticals
--	V-8	Double tax on alcohol
--	V-9	Physiologically based maternal care (reducing use of unnecessary high-tech)
--	V-10	Not-for-profit, single-payer health care to reduce administrative costs
--	V-11	Encourage hospice care and stop spending so much money for end-of-life care
--	V-12	Promote expansion of advertising limits to unhealthy products (like alcohol, tobacco)
--	V-13	Fine corporations who engage in fostering unhealthy lifestyles (and environment)
--	V-14	Buying medications in bulk
--	V-15	Stop providing medications for every condition
--	V-16	New technology and drugs introduced when there is a cost-benefit
--	V-17	Make more community involvement in public planning -- e.g. more walking to work, more sports programs in schools
--	V-18	Medication issue between patient and doctor
--	V-19	Balance patient expectations with standard practices based on evidence
--	V-20	Incentivize people to use the system wiser
--	V-21	Create certificate of need for hospitals before construction allowed

Rank	AA-x	If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).
8th	3.989	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
7th	4.408	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10th	1.816	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
3rd	5.824	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
9th	3.337	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
6th	4.63	Require businesses to offer health insurance to their employees
2nd	6.643	Expand neighborhood health clinics
1st	8.063	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
4th	5.41	Increase flexibility afforded states in how they use federal funds for state programs
5th	4.859	Require that all Americans enroll in basic health care coverage, either private or public (such as Medicaid and S-CHIP) to maximize coverage

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.
www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.citizenshealthcare.gov
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
www.citizenshealthcare.gov/community/mtng_files/complete.php
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.